

25 JUL 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/552202** FILING DATE **10/20/2006**
APPLICANT(S) **Normal Stage Processing**
PUBLISHED NUMBER **(703) 335-8421**

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
4	3		3				54						
5	/		/				55						
6	/		/				56						
7	/		/				57						
8	/		/				58						
9							59						
10	2		2				60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14	/		/				64						
15	3		3				65						
16	/		/				66						
17	/		/				67						
18	/		/				68						
19	/		/				69						
20	/		/				70						
21	2		2				71						
22	/		/				72						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		2				TOTAL IND.						
TOTAL DEP.	26		26				TOTAL DEP.						
TOTAL CLAIMS	28		28				TOTAL CLAIMS						

Best Available Copy